



CITY OF CHANDLER HOUSING AND REDEVELOPMENT DIVISION

Request for Reasonable Accommodation Form for Persons with Disabilities

The purpose of this form is to provide you an opportunity to request reasonable accommodations. Please complete this form if you would like to submit your request. Staff will gladly assist you if you need assistance in completing this form

Name of Applicant: _____ **Date:** _____

Social Security Number: --

I am requesting a reasonable accommodation be made. I am requesting:

Do you or any member of your household have special needs? ☐ Yes ☐ No
If yes, please complete the following:

NAME	DATE OF BIRTH	SPECIAL NEEDS
		<hr/> <hr/>
		<hr/> <hr/>
		<hr/> <hr/>

Signature of Applicant or Participant

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